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CASE OF RETAINED PLACENTA FOLLOWING ABORTION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following is a brief history of a case that occurred in my practice, which you are at liberty to publish if you think it will be of sufficient interest to your readers to merit it.

I was called on the night of June 14th, 1857, to see Mrs. ——, aged 35 years, the mother of five children, who had, half an hour before my arrival, passed a fœtus of near three months' growth, and in her eagerness to be freed from it had torn the cord loose from its attachment to the placenta. On making an examination, I found the os uteri open to about the size of a half-dollar coin, and on attempting to introduce my fingers so as to get hold of and extract the afterbirth, the womb contracted and forbade their entrance, and with the contraction came a profuse gush of blood. Thinking it unsafe to attempt to force my hand into the womb under the circumstances, I withdrew it, and as the flowing continued, and she was faint from loss of blood previous to and immediately following the passage of the fœtus, I introduced a tampon, made in the ordinary way by tearing soft cotton cloth into blocks, which restrained the flowing instantly, and under the use of stimulants she soon rallied from her faintness, and expressed herself as feeling comfortable. I then left her, with the injunction to keep quiet, and allow the plug to remain till I called again. I called in twelve hours, and withdrew the plug to give her a chance to urinate, and anxiously awaited the result, having read a history of the cases of Drs. Clark and Herrick, treated in a similar manner, which were related before the Boston Society for Medical Improvement, and published in your Journal of February 19th, 1857. I hoped the afterbirth would follow the withdrawal of the tampon, as in their cases, but it did not, nor was there any renewal of the flowing; and as the patient seemed comfortable, I again left her, with the advice to keep quiet, take a light diet, and, if her bowels did not move by the next morning, to take a dose of castor oil, and if the

flowing came on again, to send for me immediately. She took the oil the next morning, as advised, which produced colicky pains without moving the bowels; and, as they were growing hot, tender and tympanitic, and as she was feverish, she sent for me in the afternoon. I found her with the before-enumerated symptoms, with the addition of a frequent, wiry pulse, scanty and high-colored urine, an anxious-looking countenance, thoracic respiration, and lying on her back, with the legs drawn up.

On examining the abdomen, I found it generally tender, mostly so over the uterine region. I diagnosticated metro-peritonitis, and fearing the result if the afterbirth was not got rid of, I made another examination *per vaginam*, and found the condition of things much the same as in the last one. The os uteri was more nearly closed, and the neck of the uterus considerably swollen. No hæmorrhage followed, and in this dilemma I resolved to try the virtue of ergot, without, however, much confidence that it would accomplish the desired end, as my patient was much reduced by loss of blood and confinement. I gave fifteen grains of ergot, combined with five of camphor, and repeated it once in two hours till she had taken a drachm of the ergot, which produced dizziness, faintness and nausea, but not the slightest uterine contraction. I then commenced combating the inflammatory symptoms in the usual way, by leeches, fomentations, calomel, and opium, and in a few days there was a decided amelioration. She continued improving slowly, till all inflammatory symptoms had subsided, when she appeared almost exsanguine, and was very feeble, but under the use of iron and quinine and a generous diet, her general health seemed improving slowly till July 6th, when, for the first time after introducing the tampon, there was a slight uterine hæmorrhage, unattended by pain, which recurred each succeeding day and grew more profuse till the 10th, when it became alarming, and was attended with severe pain. They again called me in, and I found, on examination, the os uteri dilated so as readily to admit two fingers, the neck flabby and distensible, but still I failed to reach the afterbirth. As her symptoms were indicative of extreme prostration from loss of blood, and she was still flowing, I again introduced a tampon, soon after which she commenced vomiting, and in her efforts at vomiting forced out the tampon. I again introduced it, and applied over the external genitals a T shaped bandage and compresses, in the meantime "pouring down the volatile alkali." She soon rallied from her fainting, and again expressed herself comfortable. I left her for twelve hours, at the end of which time she still seemed comfortable, and was so much recovered from the effects of her hæmorrhage that I ordered them to omit the stimulant, and again left her. After twelve hours more, I called, and withdrew the tampon, and on placing the bed-pan under her, to give her a chance to urinate, the afterbirth slipped into it, reliev-

ing her from a very perilous condition, and me from the most perplexing case I had yet met in my practice.

The larger portion of the maternal surface of the placenta bore marks of recent detachment. There was a small part, about one eighth of an inch, I think, that was dark colored and compressed toward the centre of the mass, giving to it an oval shape. It measured six inches in its longest diameter, four in its shortest, and was an inch in thickness at its centre.

There was no hæmorrhage after this, and the patient, under a tonic course, gradually convalesced, and is now enjoying her usual health. The points of particular interest to me about the case, are the length of time the placenta was retained—nearly a month —the entire inefficiency of ergot in producing uterine contractions, and the safe termination of the case under the expectant plan of treatment, though complicated by metro-peritonitis.

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DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 17.]

BESIDES, I have ascertained that in certain parts where the excito-motory power seems not to exist, it may be generated, and become considerable. Now, as the fibres which have this power seem not to be sensitive, we understand why an excitation may originate from them, reach the nervous centres, produce the loss of consciousness and convulsions by a reflex action, without giving pain, or even any sensation. We may understand also that this reflex excitation may produce cramps by a reflex action in the muscles which are in the neighborhood of the starting point of the excitation, which cramps give rise to a pain wrongly considered as a primitive aura, although it is only a secondary and almost inefficient one.

With the view that in the very beginning of epileptic fits, caused by excitations coming from peripheric nerves, it is not the sensitive nerve-fibres, but only the excito-motory fibres which are in action, we can easily explain many facts. For instance, in my animals, the power of giving rise to fits, belonging to the cutaneous ramifications of nerves and not to their branches or trunks; in man, the absence of sensations, although there is an excitation from some peripheric nerves, as in the case of M. Pontier (see § IX., Case VII., and many others mentioned in § XI.).

What the causes of the increase of the excito-motory power are, we cannot tell positively. We know, however, that some causes increase all the vital properties of nerves everywhere, and

among these causes we will point out a paralysis of the blood-vessels, or the development of inflammation. But there are other causes of which we are ignorant; in my animals, for instance, there is but a slight increase in the vascularization of the part of the skin which has the power of giving rise to fits, and this might be due to the pinching employed to irritate the skin.*

The changes taking place in the peripheric nerves, either in the skin, in the mucous membranes or in their trunks, when they become able to excite epileptic fits, may be produced by the influence of distant parts. For instance, in my animals, alterations of the spinal cord as low down as the *cauda equina* have sometimes been productive of the peculiar change in the face and neck which renders these parts able to excite fits. In man, tumors of the brain seem to have produced a similar change in one arm.

In my animals I cannot decide whether it is through some direct nervous influence upon the nutrition of the skin of the face and neck, or if it is through an indirect influence, and by means of the bloodvessels, that the spinal cord acts on this part. I have found that changes in nutrition occur in other parts of the head—such as the cornea—in animals upon which the section of a lateral half of the spinal cord has been made, but is this a direct or an indirect influence? I cannot decide. It is very well known that the sympathetic nerve in the abdomen may influence the nutrition of the eye through the spinal cord, but does the influence result from a change in the calibre of the bloodvessels of the eye, or is it a direct influence, like that of certain nerves on the salivary glands, according to the great discovery of Ludwig?

As regards tumors of the brain, the important case of Odier (see § VIII., Case I.) seems to show that they may produce in the arm that peculiar change in peripheric nerves which renders them able to excite fits of epilepsy. But it is by far much more probable that it was not by an action of the brain, but through the irritation of the sensitive or excito-motory nerves of the scalp, or in consequence of the compression of the base of the encephalon, that the change of nutrition took place in the arm.

3d. In the two preceding sections I have examined how are produced the two organic causes of epilepsy; *i. e.*, the increase of the reflex excitability of certain parts of the cerebro-spinal axis, and the increase in the excito-motory power of the peripheric nerves. I have now to say a few words on the mode of production of the most interesting phenomena of a complete fit of epilepsy.

The first phenomenon of such a fit is not always the same, and this explains why the best observers do not agree in this respect.

* I had said, in a paper read last year at the *Académie des Sciences* of Paris (*Arch. Gén. de Méd.*, Fév., 1856), that in making the autopsy of my epileptic animals, a congestion of the base of the encephalon and of the Gasserian ganglion is found; but I have ascertained since that in a great measure this congestion is a result of the fits and of the irritation of the skin of the face by pinching or otherwise, and not a circumstance preceding the first fit, and connected with the production of the increase of the excito-motory power of the skin.

Dr. Marshall Hall for a long while considered as the first symptom a distortion of the eye-balls and of the features, and he admitted as the second phenomenon a forcible closure of the larynx, and an expiratory effort (***Diseases and Derangements of the Nervous System***, 1841, p. 323). In many subsequent publications (see *Lancet*, June 12, 1847, p. 611, and *Aperçu du Système Spinal*, 1855, p. 101) he seems to consider as the first phenomena the contractions of the muscles of the neck and of the larynx. Dr. C. J. B. Williams (***General Pathology***, 2d Am. Ed., p. 166) says that the first phenomenon is a palpitation of the heart. Herpin (*Loco cit.*, p. 421–5) after having tried to show that when there is an aura the first phenomenon consists in a local cramp, says that the second phenomenon (the first when there is no aura) is the epileptic cry. According to Bean (*Arch. Gén. de Méd.*, 1836, p. 339), Delasiauve (*Loco cit.*, p. 65) and Hasse (*Krankheiten des Nervenapparates*, 1855, p. 251), the epileptic cry, in the most complete cases of epilepsy, may not exist. I have witnessed two fits of epilepsy in which the most violent convulsions and a complete loss of consciousness, followed by coma, took place without cries. Is the loss of consciousness the first symptom? Most of the principal writers, who ignore the power of the reflex actions, consider the cry as a proof of feeling: surprise, according to Bean; surprise and pain, according to Herpin (*Loco cit.*, p. 477); surprise, convulsion and pain, according to Delasiauve (*Loco cit.*, p. 77), and they admit, therefore, that the loss of consciousness is not the first symptom, at least in most cases. Billod attributes the cry to the convulsive spasm of the laryngeal muscles, and to a convulsive expiration (*Annales Méd. Psychol.*, Nov. 1843). According to him, the loss of consciousness precedes the cry, which is not a symptom of surprise or of pain. Hasse considers the cry as being probably the result of a reflex action (*Loco cit.*, p. 251–2). I have tried to show elsewhere (*Exper. Researches applied to Physiol. and Pathol.*, New York, 1853, p. 54–5) that cries in animals or in children deprived of their brain, may be due to a mere reflex action; the vocal cords being contracted, and the expiratory muscles expelling quickly the air contained in the chest, the sound which we call a cry is produced. In epilepsy, the loss of consciousness, which is equivalent to the loss of the brain, allows a cry to take place by reflex action. In the most complete and violent fits of epilepsy, we think that the first phenomena are almost always, 1st, the contraction of the bloodvessels of the face, which causes the paleness, noted particularly by Prof. Trousseau, by Delasiauve and by Dr. Bland Radcliffe; 2d, the contraction of the bloodvessels of the brain proper, which causes the loss of consciousness. The cry, either at the same time, or immediately after, is produced by the spasmodic contraction of the expiratory muscles, driving the air forcibly through a contracted glottis. At the same time,

also, almost always some muscles of the face, of the eye and of the neck contract. Sometimes, also, the spasm extends at once to the muscles of the upper limbs, and afterward to the whole body. All these phenomena are sometimes produced at once, and all are the results of an excitation springing from some part of the excito-motory side of the nervous system. In other cases there is an evident succession in these phenomena; the paleness of the face and the loss of consciousness (both resulting from contractions of the bloodvessels) take place at first, with some spasmodic actions of the muscles of the eye and face, and then come the cry and the tonic contraction of the muscles of the limbs and trunk.

The following table will show how the principal phenomena are generated, *one by the other*, in the most common form of the violent and complete epileptic seizures.

CAUSES.	EFFECTS.
1. Excitation of certain parts of the excito-motory side of the nervous system.	1. Contraction of bloodvessels of the brain proper and of the face, and tonic spasm of some muscles of the eye and face.
2. Contraction of the bloodvessels of the face.	2. Paleness of the face.
3. Contraction of the bloodvessels of the brain proper.	3. Loss of consciousness, and accumulation of blood in the base of the encephalon and in the spinal cord.
4. Extension of the excitation of the excito-motory side of the nervous system.	4. Tonic contraction of the laryngeal, the cervical and the expiratory muscles (laryngismus and trachelismus).
5. Tonic contraction of the laryngeal and of the expiratory muscles.	5. Cry.
6. Farther extension of the excitation of the excito-motory side of the nervous system.	6. Tonic contractions, extending to most of the muscles of the trunk and limbs.
7. Loss of consciousness, and tonic contraction of the trunk and limbs.	7. Fall.
8. Laryngismus, trachelismus, and the fixed state of expiration of the chest.	8. Insufficient oxygenation of the blood, and general obstacle to the entrance of venous blood in the chest, and special obstacle to its return from the head and spinal canal.
9. Insufficient oxygenation of the blood, and many causes of rapid consumption of the little oxygen absorbed, and detention of venous blood in the nervous centres.	9. Asphyxia.
10. Asphyxia, and perhaps a mechanical excitation of the base of the encephalon.	10 *Clonic convulsions everywhere*, contractions of the bowels; of the bladder; of the uterus; erection; ejaculation; increase of many secretions; efforts at inspiration.
11. Exhaustion of nervous power generally, and of reflex excitability particularly, except for respiration. Return of regular inspirations and expirations.	11. Cessation of the fit; coma or fatigue; headache; sleep.

We have but little to say in explanation of the above table,

which only gives, as we hardly need to remark, a type of a complete seizure.

Writers on epilepsy are unanimous in considering the *fall* as due only to convulsions, while it is certainly, in a measure, the consequence of the loss of consciousness, which alone causes it in some cases of epileptic vertigo without convulsions.

We do not think that laryngismus in epilepsy has the immense importance given to it by Dr. Marshall Hall. In the first place, in persons in whom the reflex excitability is not increased, laryngismus exists frequently, in whooping cough, in asthma, &c., without producing epileptic convulsions. In the second place, epileptic convulsions may exist before laryngismus (Hasse, *loco cit.*, p. 252). If, instead of saying that laryngismus is the essential cause of convulsions in a fit of epilepsy, we say that asphyxia, whether produced by laryngismus or by other causes, is the source of a certain part of the convulsions in the violent and complete fits of epilepsy, we shall be much nearer the truth. If we say also that laryngismus is nothing but a spasm of certain muscles—spasm produced by a reflex action at the same time that there are other spasms in the bloodvessels of the brain proper, of the face, and also sometimes of the whole surface of the body, and in the muscles of the head, of the trunk and limbs, and that all these spasms are reflex contractions, due to the same excitation, we shall be much nearer the truth than by admitting Dr. Hall's views.

[To be continued.]

AN EASY METHOD OF IMPROVING THE DIGESTIBILITY OF MILK.

BY DR. GUMPRECHT, OF HAMBURG.

[Translated for the Boston Medical and Surgical Journal from the *Journal für Kinderkrankheiten*, for March and April, 1857.]

It is well known that cow's milk, which is commonly employed for the diet of newly-weaned children, and also for those who are older, is frequently not well borne, and gives rise to indigestion, acidity, flatulence, colic, diarrhœa, &c. Hence it has been proposed to improve its properties by the addition of water, and sugar of milk. Experience shows that this fulfils but imperfectly the object in view.

Reflecting that food for adults is never prepared without common salt, which not only renders it more palatable but also more digestible, because (as Moleschott has well remarked in his *Physiologie der Nahrungsmittel*) salt not only acts as a stimulant to all the glands of the digestive apparatus, increasing their activity, but also renders the albumen (and consequently the casein of the milk), as well as the fat, more soluble in the digestive fluids, I was naturally led to the idea of rendering the milk intended for recently-weaned and older children more easily digestible, by the addition

of a little salt; and I found that I could in this way prevent the indigestion so often following the drinking of cow's milk, and even remove it, when already present.

So far as I know, no author who has treated of the diet of newly-weaned children has mentioned this useful addition to milk, and it is, in fact, remarkable that so natural an idea should not have occurred long ago, as to season the milk intended for the nourishment of weaned children with a little salt, to make it more digestible, since milk is often given them mixed with flour, groats, pounded biscuit, &c., which require this wholesome condiment in order to become more easily digested and assimilated. It gave me, therefore, much pleasure to hear a Dutch physician, whose acquaintance I made a few weeks since, and with whom I conversed on the above subject, say, that in his practice in Holland he had frequently directed the addition of a little salt to the milk for newly-weaned children, with a very happy result.

On my inquiry how the idea occurred to him, he said that he had observed that the peasants of Holland, in order to preserve the swine and cattle from a diarrhœa which frequently occurred in consequence of indigestion, mix salt with the fodder, and he reasoned from analogy that perhaps also children after weaning might in a similar manner, namely, by the addition of a little salt to their milk, be protected from the diarrhœa which is so common under the circumstances; and the result had justified his expectations.

The proportion of salt to a given quantity of milk must be determined by the age of the child; as much as can be taken on the point of a knife, or two or three times this quantity, may be added to a cup full of milk. In order to make the resemblance between cow's milk and woman's milk more perfect, I direct it to be boiled and skimmed, then a little sugar of milk is added, and lastly the salt. Fresh milk to which salt has been added should not be allowed to stand long, as acids will be set free, and coagulation promoted.

In a theoretical point of view, as I think, there is less objection to the addition of salt to the milk for young children, from the fact that this condiment not only benefits the stomachic digestion, by rendering the casein more soluble, but favors the formation of the blood, and renders the latter more fluid while circulating. Thus, Moleschott, in the *Physiologie der Nahrungsmittel*, says: "Of the inorganic elements of the blood, the chloride of sodium is the most abundant; its quantity is so great that it is not difficult to cause it to crystallize from an aqueous solution of the ashes of the blood. The chloride of sodium is also found abundantly in the tissues, especially in cartilage, and also in the secretions and excretions."

Although milk, as Prout has very justly remarked, is to be regarded as the type of all food, since it contains all the elements which are necessary for the growth and nourishment of the human

organism, as albumen, sugar, fat and the salts, and is particularly adapted, by its bland nature, for the organism of the child, yet it is often unfit for adults, who are accustomed to a more stimulating diet, on account of its insipid quality, and frequently gives rise to oppression and acidity of the stomach, and sometimes even to diarrhœa. Hence some persons have a strong objection to it, on account of its want of flavor. This objectionable quality is, however, easily removed; it is only necessary to infuse powdered cinnamon into the boiling milk, then dissolve in it a sufficient quantity of salt, until the milk acquires an agreeable piquant taste, and add powdered sugar, in order to give it a decided and agreeable flavor. I have found that milk prepared in this way is very palatable to adults, and is readily taken and well borne by them. Those persons who are accustomed to take spirituous liquors may add to the milk, in order to improve its quality, rum or brandy (a small wineglassful to an ale-glass of milk). In this way milk is often taken in England and in Holstein, particularly in summer.

When the physician orders a regimen consisting wholly of milk *(milk-cure)*, he should not forget to recommend salt and sugar to be added to the milk, according to the above method, both to render it more digestible, and also more acceptable to the taste; since the success of the "cure" depends in a great measure on the perfect digestion and assimilation of the milk, which are much assisted by these additions.

Morning milk, fresh from the cow, is frequently directed for women who are suffering from the effects of general morbid irritability, and often with good results. It sometimes happens, however, that the fresh milk is not well borne, or that the patients have a strong repugnance to its insipid taste. In such cases I advise a little salt, with one or two teaspoonfuls of powdered white sugar, to be dissolved in a small quantity of milk placed in an ale-glass; then fill up the glass with milk fresh from the cow, and drink it quickly. I have found that new morning milk prepared in this way is very easily borne. The remarkable effect of fresh milk in removing the above-mentioned morbid condition seems partly to be attributed to its being saturated with an animal vapor, a peculiar evanescent odorous principle, which cannot be isolated, and which speedily disappears after the milk has been drawn from the cow.

TAPE WORM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following formula, for the destruction of tape worm, is from the August number of the *Journal de Chimie Médicale*, credited to the *Union Médicale de la Gironde*. It resembles very much the pumpkin-seed cure, first introduced here, I believe, by Dr. J. S. Jones. C. E. B.

"Dr. Reimonenq has communicated the following empirical formula to the Bordeaux Medical Society, as having succeeded in expelling a tænia after all other means had failed. The immediate effect was very severe colic, and powerful catharsis:

"Gourd seeds (200), about 40 grammes; castor oil and honey, 30 grammes each. Peel the seeds, reduce them to a paste, and add the oil and honey. To be taken at one dose, in a glass of milk. Two hours later, take in a glass of cold water, castor oil and honey, 30 grammes each; lemon juice, q. s. The patient to fast and remain in his chamber till after the operation."

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 22d.—*Death from Rupture of the soft parts at the entrance of the Vagina. Cysts in the Vagina.*—Dr. ELLIS reported the case.

A healthy woman, in the seventh month of pregnancy, was found lying upon the floor, in a pool of blood, immediately after falling from a bed, upon which she had been standing. Dr. Z. B. Adams was at once called. He found her bleeding profusely from the vagina, and in a state of collapse. The efforts made to arrest the hæmorrhage were of no avail, and she died in about three quarters of an hour after the accident.

At the examination, there was found on the left nympha a recent rupture an inch and a half or two inches in length, with rough edges, and evidently made before death. The tissues, to a limited extent, in the neighborhood, were discolored by extravasated blood. The vagina, near the meatus, also appeared to have been extensively lacerated, but it was thought that the parts might have been cut during their removal. Beneath the mucous membrane of the vagina were two cysts, from half an inch to an inch in diameter, filled with serum. One of these lay just below the os uteri, the other near the vulva. The uterus and its contents were found perfectly healthy. The os was plugged with thick gelatinous mucus.

The case was considered interesting as an instance of what has been before noticed—fatal hæmorrhage from laceration of the vulva. It could not be ascertained that the woman had struck anything in falling from the bed to the floor, but it was thought, after the examination, that the post of a crib, from the position of the latter, might have been the cause of the accident.

Cysts in the vagina, like those described, have been seen, but are very rare.

Dr. STRONG alluded to the peculiar vascular condition of these parts during pregnancy, as probably accounting for the profuseness of the hæmorrhage in this case, and the consequent death of the patient.

Dr. JACKSON remarked that he had always found the parts about the vagina much more vascular in the gravid state.

Dr. H. J. BIGELOW mentioned in this connection a case of what proved to be a melanotic tumor of the clitoris, in which, after its re-

moval, the hæmorrhage was so profuse that compression with the hand was necessary to allow time for etherization preparatory to more efficient means. The tumor was about the size of a marble.

Dr. PUTNAM mentioned a case of violent hæmorrhage in a woman during pregnancy, following a wound produced by a broken chamber vessel.

AUG. 10th.—*Nitrate of Silver in Asthma.*—Dr. BOWDITCH said that he had found the application of a solution of nitrate of silver to the larynx, as suggested by Dr. Horace Green of New York, of great efficacy in this distressing complaint, and alluded to three cases in which he had employed this remedy.

The first was that of a young man, in whom it was tried three years since, the application being followed by marked improvement. The patient had suffered but little since, until last year, when having taken cold, he again had the premonitory symptoms, as he supposed, of a severe attack, and applied for advice. Dr. B. again used the nitrate of silver, applying it to the top of the larynx, the solution reaching, as Dr. B. supposed, from the change in the character of the voice, the vocal chords. The patient experienced almost immediate relief after the first application, and no attack followed.

The second case was one in which the application was continued for a considerable time, and was followed by entire relief.

The third was that of a gentleman who had never had but three attacks of this affection, these having occurred within five years, and the first two of which had been treated elsewhere. Dr. B. saw him within a few weeks; he had been suffering severely, having been obliged to sit up every night. Three applications of the above solution were made, at intervals of one or two days, after which there was no return of the paroxysms. The first application, however, gave decided relief. Dr. B. was inclined to the opinion that this affection, which is so often considered as connected with the lungs, is, at least in the earliest stages, an affection of the larynx alone; there being a congested state of this part which is relieved by the application of the nitrate of silver. Relief, however, is obtained even when rales in the chest indicate a bronchial trouble.

Dr. Bowditch also mentioned an important practical point in connection with the operation of applying the nitrate of silver, stating that he had found that, if applied immediately after a full inspiration, and just at the commencement of expiration, the latter being performed slowly, little or no inconvenience need be apprehended.

At the subsequent meeting of the Society, Dr. JACKSON stated that he had tried the treatment, so successful in the hands of Dr. Bowditch, with marked benefit. The patient was a man about 40 years old, who since last winter had been a constant sufferer from asthma. The solution, of the strength of that employed by Dr. Bowditch, was applied to the larynx at intervals of one or two days. Three applications only were made, and the patient expressed himself as much relieved, and has since been able to attend to his ordinary occupation. In accordance with Dr. Bowditch's precaution, Dr. Jackson, in applying the solution, took care to seize the moment immediately following inspiration.

AUG. 10th.—*Thoracentesis in Hydro-pneumo-thorax.*—Dr. BOWDITCH remarked that he had recently performed this operation in two cases

of the above-named disease. In the last, which occurred a week since, the patient had suffered for about six months with signs of phthisis, and for some days with pneumo-thorax. There were all the signs of the presence of this affection—resonance on percussion, orthopnœa, &c., together with displacement of the heart. As it was evident that the patient must sink unless speedily relieved, a small trocar was introduced, the canula being left in, which afforded considerable relief. This unfortunately became displaced, and could not be replaced, and closure of the opening followed. At the operation, air rushed out, together with about a pint of serum. On the following day the patient was considerably easier, the respiration being heard nearly to the point of puncture. Air has since again begun to accumulate, but there has been a decided improvement in the general condition of the patient. The operation was unattended with pain, and there has been no pain since resulting from it. Dr. B. saw no reason why this operation may not be employed in cases of *pneumo-* as well as *hydro*-thorax, at least as affording temporary relief.

The patient lingered about two weeks, recovered his appetite and some strength, and did not have any severe dyspnœa until about two days before death. Then the operation was again performed simply for relief. The dyspnœa was lessened, and the patient was made more comfortable, but he sunk and died in about two and a half days. At the autopsy, no mark could be discovered in the membrane covering the pleura costalis, to indicate the point of puncture. The lung was compressed, and contained tubercles in a crude state. No cavities.

Dr. Jackson remarked upon the difference in the prognosis of this disease in this country and in Europe, and alluded to several cases in which he thought essential recovery had taken place in this country; while in Europe the disease is spoken of as almost necessarily fatal. He mentioned a lecture of Dr. Alonzo Clark, in which several favorable cases are alluded to.

August 24th.—*Typhoid Fever; Death from Hæmorrhage.* Case reported by Dr. Ellis.

On August 8th, a man, 30 years of age, entered the Mass. General Hospital, having been attacked a fortnight before with chills, which continued for three days, with much perspiration at night. He had also had constant and severe pain in the head from the commencement, and for five or six days some deafness, anorexia, and much thirst. Bowels regular. No pain in the abdomen.

When first seen, although drowsy, he appeared perfectly rational when spoken to, and complained of nothing but the pain in the head. The cough, which had been one of the earliest symptoms, was slight, and attended by little expectoration. Though debilitated, he was able to walk; the pulse was but little accelerated; there were no abdominal symptoms, and he improved somewhat until the morning of the 12th, when the nurse noticed that he was unusually pale. Aid was obtained, and efforts made to stimulate him, without success. The prostration continued very great for a short time, when a sudden gush of blood took place from the anus. The bed was soon flooded, and he died immediately.

Sectio Cadaveris.—At the examination, the intestines were found contracted. The small intestine contained nothing but a little soft, yellow matter, with which the surface was smeared.

Peyer's patches in the lower four feet of the ileum were somewhat reddened and much thickened. In the largest of these, just above the ileo-cœcal valve, there was considerable ulceration, the ulcers extending certainly to the submucous cellular coat. At the lower end, where the ulceration was deepest, was a yellowish-white slough, perhaps three lines in diameter, with edges blackened as if from contact with blood. Above this point, no blood was seen. Below it, the surface was smeared with a thin layer of blood and small recent coagula. In the rectum was a large quantity of liquid and coagulated blood. No vessel was discovered which could have been the source of the hæmorrhage.

The solitary glands in the small intestine were much developed.

In the cœcum was a small ulcer, to which a yellowish substance adhered.

The heart contained a little liquid blood. No coagula anywhere seen.

The spleen was of large size, and weighed thirteen ounces.

With the exception of some old adhesions of the pleural and pericardial surfaces, nothing else remarkable was noticed.

Hæmorrhage in typhoid fever is by no means uncommon, but this case is remarkable, both on account of the quantity of blood lost, and the suddenness of the death, the one being the immediate cause of the other. It is also rare to find the source of the hæmorrhage.

Dr. Jackson remarked that he had never discovered the source of intestinal hæmorrhage in typhoid fever, but in one instance. The case was that of a little girl, who was apparently but slightly ill. Hæmorrhage from the bowels commenced one morning, and she died at noon. An ulcer was found, hanging off from which a slough was seen. Dr. J. added that sloughs are not uncommon in this affection, and it might perhaps be expected that fatal hæmorrhage would be more common than it is.

September 14th.—*Vicarious Paralysis.* Case reported by Dr. Jacob Bigelow.

Dr. Bigelow was called, Jan. 15th, to visit the wife of a sea captain, belonging to Maine. Age 48. She had been troubled for some years with a cutaneous eruption (eczema impetiginodes). The eruption was in an improving state when Dr. B. saw her first, but there still remained on various parts of the body large red spots, with psydraceous pustules, dry scales, scabs and cracks. She had sent for him chiefly on account of pains, seemingly of a neuralgic character, affecting her limbs, and depriving her of sleep. She had for some time had a numbness in her fingers and toes, for which and the pain, she had been advised to take a "rum sweat." Next morning after this appliance, she found her lower limbs powerless, and from that time she was unable to stand or walk for seven weeks. The paraplegia extended upward, and in the course of two weeks both arms lost their motility, and the numbness became very general. The left side was most affected, and the left upper eyelid could not be raised. In the middle of February she was reduced to a helpless state, being unable to feed herself, or turn in bed. At the same time the cutaneous eruption had nearly disappeared, being reduced to a few pale, inconsiderable patches. Meanwhile the excretory functions went on well; the articulation, respiration and deglutition were sufficiently good. The catamenia were irregular, in periods of from three to six weeks, apparently approaching

their termination. During all this time the pulse was rapid, 120, and sometimes more, and the tongue loaded with a whitish coat.

About the beginning of March, the eczematous eruption began to re-appear in various places, and to spread to a considerable extent. With this occurrence there came a lightening of the paralytic symptoms, and the powers of motion and of sensation began to return. By the middle of the month she was able to rise from her bed without help, and in a few days walked freely about her chamber. After some satisfactory essays at riding in a carriage, she took the cars for New York in the beginning of April, having a sore skin, but not a vestige of paralysis.

This apparently grave case, which at one time justified the most unfavorable prognosis, proved to be only excentric, mimotic and metastatic, occasioned, no doubt, by the receding of the eruption at a time when the whole system was rendered susceptible by the critical age of the patient.

JUNE 22d.—*Lichen Annulatus Solitarius.* Dr. BORLAND reported the case.

The patient, a girl, 7 years old, presented herself at the Dispensary, for treatment for the present trouble, which was of about ten days' standing. Her general health was fair, and she had no hereditary tendency to disease.

The accompanying cut represents, in size and general appearance, the only patch of disease of the skin which she had. The upper edge of the outer ring was over the sternal end of the right clavicle, and the whole patch presented most of the characteristics which belong to lichen annulatus solitarius, as designated by Wilson.

The outer ring had evidently spread from a spot, or central point, where it had commenced, and it was formed of small brownish-red papules upon slightly inflamed bases. They were somewhat pointed, and very uniform in size. The area of the ring was yellowish, and thinly covered with a fine mealy scurf. As sometimes happens in this affection, other spots had appeared within the ring, and had spread in their turn into rings of papules of a similar character, so that they represented, in a striking manner, the pattern of the figures 3 and 8.

She was ordered a course of iodide of potassium, with a local application of lead wash, and it is presumed, from the patient's not re-appearing, and the generally short duration of the disease, that it soon disappeared.

AUGUST 10th.—*Hair-ball from the Stomach of a Bullock.* Dr. JACKSON showed the specimen, a spherical mass about six inches in diameter, received from Dr. Head, of the U. S. Army, who brought it from Texas. Dr. H. states that these are not of very rare occurrence in that State, and are occasionally used by the inhabitants, after being divided, for scrubbing floors.

Bibliographical Notices.

The Homœopathic Principle applied to Insanity; A Proposal to treat Lunacy by Spiritualism. By James John Garth Wilkinson, M.D. Reprinted from the London edition. Boston: published by Otis Clapp. 1857. 8vo. Pp. 18.

This pamphlet is full of absurd nonsense. The author gravely argues that because what is called "Spiritualism" is the source of a great deal of insanity, it is capable of curing that disease, on the principle of *similia similibus*. We quote the following as a specimen of the writer's style of argument and of language.

"In looking for our insanity-producing agent, my attention was directed by great cries proceeding from various quarters, in the direction of Spiritualism, which some at one time feared would turn the brains of all the world; and I said to myself, alone in the human wood, 'That is one of the Lord's plants for curing insanity. There is a concurrence of divers witnesses, a concurrence beyond collusion, to the fact that it can, and does, produce insanity; the homœopathic law, that a moderate dose of that which will cause, will cure, is God's law: therefore Spiritualism will cure insanity.' And then I said to myself, This is all as clear as day; and its advent is sure as the punctuality of the wheels of time: and now, the only problem is, how to apply the cure to the disease which shall vanish under its love? There is another problem, how to get the truth and the benignity adopted; and the Lord, by human means, will manage that too."

Remarks upon Fractures of the Scapula, with Cases presenting Striking Peculiarities. By L. A. Dugas, M.D., Professor of Surgery in the Medical College of Georgia. Augusta, Ga.: 1857. 8vo. Pp. 22.

An interesting and valuable monograph on a subject which has hardly received its full share of attention among authors, doubtless because of the rarity of accidents to this bone. The author reports two interesting cases of fracture of the neck of the bone, each caused by a blow from a falling tree or branch, and both followed immediately by paralysis and cessation of circulation in the limb, which persisted, from injury to the nerves and vessels. There was also much pain in each case. Dr. Dugas thought the condition of the patients justified amputation, which was not, however, performed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 24, 1857.

RETENTION OF THE PLACENTA AFTER ABORTION.

The adhesion and retention of the placenta occurring after abortion, which forms the subject of a communication in the present number of the Journal, is often one of the most dangerous and embarrassing accidents which the accoucheur is called upon to treat. The flow of blood caused by the presence of the afterbirth, which may now be considered a foreign body in the uterus, is frequently alarming, while the narrowness of the os uteri generally prevents the introduction of the hand, and not seldom of even a finger, into the womb for the purpose of removing the cause of the hæmorrhage; even when this is effected,

the mobility of the organ is such that the finger has only imperfect control over the parts with which it comes in contact. The length of time during which the placenta may thus remain adherent to the walls of the uterus, keeping up a constant disposition to hæmorrhage, is astonishing. In the 53d Volume of the JOURNAL, page 36, will be found the report of a case in which this state of things existed for more than three months after abortion.

The indications for treatment are two-fold—first, to remove the placenta, if possible; secondly, to arrest the hæmorrhage, when the afterbirth cannot be reached, and the physician is often embarrassed in deciding when his efforts at removal have been continued as long as the state of the patient and the danger of exciting inflammation would justify. In view of the great danger from hæmorrhage, and of its long enduring effects when not immediately fatal, we think that every reasonable effort should be made to remove the afterbirth as soon as possible after the escape of the fœtus. At that time the parts are dilatable, and in a less irritable state than they are apt to become after long-continued manipulation. If the whole hand be introduced into the vagina, which may be done in most cases, the finger can be made to penetrate into the uterus, and being hooked over the placenta, the latter can be torn from its adhesions. Some assistance is gained in steadying the uterus by making firm pressure above the pubis, with the other hand. In this way the placenta was removed in the case alluded to, in which the patient was brought to the brink of the grave by the repeated hæmorrhages which had occurred since her miscarriage. We cannot help thinking that in the case of our correspondent a less "expectant" treatment of the retained placenta would have resulted in its earlier delivery, and spared the patient the loss of much blood.

OPIUM: THE PRINCIPLE GUIDING ITS USE.

THE saying of SYDENHAM, that he would not practise medicine without opium, has found constant echoes down to our own day. To enlarge upon the various uses of opium would be a work of supererogation, but a reference to the mode in which it is to be employed under different emergencies, may not be considered superfluous.

We cannot but mention the very beneficial action of laudanum in *small* doses, in ordinary irritative diarrhœa. This, to be sure, is no new thing; but we believe that whilst the impulse on the part of the physician is usually to give a full dose, at once, with the hope of quelling too frequent dejections, a better result will often be attained by administering five or six drops every two hours, or after every second discharge. The stomach is not so likely to be offended by the remedy, and the effect of the repeated doses, at regular intervals, is most happy. It is somewhat analogous to the continual dropping of water, which "wears away" a stone; or like the tapping of the woodpecker, who makes his mark at last. The solution of the sulphate of morphia may be satisfactorily used in the same manner.

To come to the *major* after the *minor* applications, how admirably an opium pill will sometimes upset an hysterical paroxysm. After many dodges and parryings of the more commonly-tried antispasmodics, the small but potent pellet proves, in the language of the ring, a "sockdologer"!

We have just had our attention arrested by an article in the *London*

Lancet of August 15th, 1857, by Richard Oliver, M.D., Resident Physician to the Salop and Montgomery Counties Lunatic Asylum. The communication is in the form of a letter to James Wilks, Esq., Commissioner in Lunacy.

Dr. Oliver cites facts which in his opinion go to establish "the principle to be kept in view in regulating the administration of opium"; and the result of the case which is detailed by him at length, where very large amounts of morphia were given to an insane person, fully justifies the treatment. To judge of this, the account should be perused; but we may state that it is mentioned the patient had, in the course of twenty-one hours, thirty grains of the hydrochlorate of morphia. This was during portions of the 8th and 9th days of treatment. The patient was discharged recovered from his maniacal condition, but suffered a renewal of it, through imprudently resuming business and returning to former intemperate habits. Dr. Oliver's paper is to be continued, and, we doubt not, other facts, as well worthy of note, will be presented.

The author refers to Sydenham's views, and quotes a few apposite words from him, relative to the mode of using opium. The experience of every day only confirms the admirable judgment of the English Hippocrates; and we can hardly do better, in this connection, than to transfer the same sentence from his works, which Dr. Oliver has taken into his pages.

"9. *Let no one call me rash for throwing in laudanum so confidently.* Experience has taught me that in any of the three great symptoms requiring opiates—intense pain, vomiting or purging, and dejection of the animal spirits—the dose must be regulated both in respect to its quantity and frequency by the circumstances of the case only, since a dose that is strong enough for one system may be too weak for another, and the dose that will endanger the life of one patient may save the life of another.

With regard to *hysteria*, to which we previously alluded, Dr. Oliver continues as follows:

"Looking at his [i. e., Sydenham's] opinions respecting the nature and treatment of hysteria, which are based upon age and practical conjecture as to the intimate connection and inter-dependency of the nutritive and the cerebro-spinal functions—to the literal *consanguinity*, so to speak, of healthy vital action with the material means for sustaining it—a connection which may be considered as analogous to the relation which industry bears to the capital available for its employment—we shall find them fully expressed in the second volume of Dr. Latham's translation (in paragraphs 119, 121, 122 and 123, at pp. 108–9). Throughout these writings, the principle enunciated—that of sustaining and economising vital power under all circumstances—is never lost sight of for a moment; and the only thing to be depended upon, as a sheet anchor, under the most extreme danger from exhaustion, is declared to be opium."

The fact that an increase of dose must correspond to the violence, persistence and urgency of pain, or of other imperative symptoms, is, it is true, well known, and doubtless extensively practised upon; but opium is often too long withheld, and made the last, when it would have been far more available as the first, remedy.

Besides its employment as above reported, in the case of violent maniacal excitement, the writer to whom we owe our present theme enumerates many other affections, in which he has freely and largely used it, with great advantage. We extract, in concluding, a portion of his remarks.

"When nothing had occurred to contra-indicate its use, I was for some time in the habit of being guided in its employment by the general aspect of a patient's symptoms, so far as that might afford evidence of abnormal irritability or weakness. In numerous cases of shock from injury and from surgical operations, in many of the various phases of hysteria, and in every form of disease in which pain is independent of present acute inflammatory lesion; in anæmia when suddenly produced by hæmorrhage, and more particularly when associated with the irritability and low power of the puerperal state, I had often witnessed the beneficial effects of opium in extraordinary doses, and I had learned to lay aside, upon occasion, the restriction by which its administration is commonly regulated. In other cases, when the quantity of blood in the system has been much reduced by chronic menorrhagia, or by any other cause which in like manner tends to withdraw the materials of nutrition from their proper use, I have long depended more upon opium, when given in *ordinary* doses, than upon any other remedy, for restraining the morbid discharge, and for consequently restoring to the system its appropriate power of assimilation and repair. It may perhaps be advisable for me to state, that I would not recommend other considerations in cases of this kind to be entirely disregarded; but when the vascular system has become comparatively empty, it is not often that we meet with any serious local hindrance to the adoption of the course to which I here refer. In delirium tremens, in colic, in uterine phlebitis, in the terrible constitutional irritation produced by certain animal poisons —after dissection wounds, for instance, as you yourself can so well testify—the tranquillizing and salutary influence of opium must be acknowledged by every practitioner who has ventured to measure the quantity of the remedy to be employed by the constitutional necessities of his patient. In addition to the circumstances which I have already mentioned, I must not omit to name the consequences of any exhausting evacuations, such as those of cholera, and the effects of any severe febrile malady which has brought the organic energies of the system to a low ebb—as well as 'the three great symptoms' which have been set down by Sydenham as most peculiarly indicating the necessity for opium: 'Sunt autem tres, vehemens dolor, vomitus vel dejectio enormior, et insigniores spirituum animalium *ataxias*.'"

RECOMMENDATIONS OF MEDICAL PREPARATIONS.

We are occasionally applied to by the inventors or proprietors of medicines, with the request that we would try some preparation, the formula of which is made known to us, and, if satisfied that it is of value, to recommend it. In a few instances, where no secret was made of their composition, we have recommended preparations which our experience satisfied us were useful, or which were stated to be so by personal friends upon whose judgment we could rely. In all such cases, however, the formulæ were freely shown to us, and to any other physicians who desired to see them. The preparations were recommended merely because they were convenient and useful, like those of the Pharmacopœia, and not from any extraordinary virtues they were supposed to possess. Our only object in so doing was to benefit physicians by calling to their notice certain combinations of articles which might be of service to them in their practice, and we have endeavored to be as conscientious in our judgments as if we were criticising a book sent to us for review.

We are sorry to say that an improper use has in some instances been made of our recommendations. They have been appended to flaming advertisements, published in the newspapers, and thrown under street doors. Preparations consisting only of a combination of the commonest articles have been advertised in as conspicuous and quackish a mode as the Peruvian Syrup or Brandreth's pills, claiming to cure diseases of the most opposite nature, and bearing our recom-

mendation on the wrapper. Now we wish it to be distinctly understood, that in recommending any medicinal preparation, our object is not to benefit the proprietor or vender of such preparation, but the physicians who seek information in the JOURNAL; and in order to avoid an improper use of our recommendations, and at the same time to favor every improvement and progress in therapeutics and pharmacy, we shall henceforth claim the liberty of *publishing in full* the formulæ of any preparations which may be submitted to us for an opinion.

THE SCIENCE AND ART OF DENTISTRY.

A CORRESPONDENT, whose communication we cannot publish until he gives us his name, takes umbrage at the inquiry of "Qui Sapit," printed in our number for September 10th, concerning the early history of Dentistry and its relation to the medical profession, which he seems to think was intended to cast some reflection upon that branch of medical science and art. As the same suggestion has also been made to us by another surgeon-dentist, whom we highly esteem, we are constrained to believe that the communication of "Qui Sapit" may have been unintentionally worded in such a way as to give offence to the dental profession, although we are at a loss to perceive how the words can be made to bear an unfavorable construction. We believed, and still believe, that "Qui Sapit" was surprised that so interesting a subject as the history of the dental art, and its relation to the medical profession, should not have been made the subject of discussion or of communication at the late Dental Convention. We hope with him that some of our readers may be disposed to enlighten us on this subject.

Health of the City.—During the last two weeks there has been a decided, though slight, increase in the number of deaths from cholera infantum, and a still greater one in the mortality from dysentery, which may doubtless be accounted for by the sudden changes in the weather. Week before last there were seven deaths from typhoid fever, being greater than in any previous week this season, but only one case was reported last week. There was no death from scarlatina last week, a thing which has not occurred before, we believe, for nearly fifteen months. The total number of deaths for the week of 1856 corresponding to the last, was 83, of which 10 were from cholera infantum, 13 from consumption, 2 from dysentery, and 10 from scarlatina.

Books and Pamphlets received.—Hand Book of Practical Receipts, &c, by Thomas F. Branston. (From Lindsay & Blakiston.—A Theoretical and Practical Treatise on Midwifery, &c, by P. Cazeaux. Translated by Wm. R. Bullock, M D. (From Lindsay & Blakiston.)—Transactions of the New Hampshire Medical Society for 1857. (From Dr. T. J. W. Pray.)—Elements of Pathological Anatomy, by S. D. Gross, M.D. Third Edition. (From the publishers.)—On Diseases of the Skin, by Erasmus Wilson, F.R.S. 4th American Edition. (From Blanchard & Lea.)—Fiske Fund Prize Essays. (From Blanchard & Lea.)

MARRIED,—In this city, 16th inst., H. J. M. Cate, M.D., of Milford, N. H., to Miss Mary Delicia Plant.—In Brooklyn, N. Y., A. H. Flanders, M.D., of Danville, Ky., to Miss Georgiana B. Tappan.

DIED,—In Taunton, 8th inst., Dr. Benjamin Bilson, about 84.—In Gill, 11th inst., Dr. Joel Lyon, 75.

Deaths in Boston for the week ending Saturday noon, September 19th, 81. Males, 45—Females, 36.—Accident, 1—inflammation of the bowels, 2—inflammation of the brain, 2—consumption, 9—convulsions, 1—cholera infantum, 24—croup, 1—dysentery, 6—diarrhœa, 1—infantile diseases, 9—typhoid fever, 1—disease of the heart, 2—influenza, 1—intemperance, 1—inflammation of the lungs, 3—gangrene of the lungs, 1—marasmus, 3—old age, 1—pleurisy, 2—prostate gland (enlargement of), 1—disease of the spine, 1—scrofula, 2—teething, 2—thrush, 1—worms, 2—unknown, 1.

Under 5 years, 55—between 5 and 20 years, 6—between 20 and 40 years, 11—between 40 and 60 years, 5—above 60 years, 4. Born in the United States, 63—Ireland, 17—unknown, 1.

Chelsea (*Mass.*) *City Physician.*—The City Council have made choice of Dr. JACOB MITCHELL as City Physician, to fill the vacancy occasioned by the resignation of Dr. Charles Chase. Dr. Mitchell is a member of the State Senate of 1857. —*Boston Daily Advertiser.*

The Camden County (*N. J.*) *Medical Society* held its annual meeting in the City of Camden on the 16th of June. Dr. O. H. Taylor, President, read the annual address, the subject of which was "the chief sources of declension in the respect of the public for the medical profession in New Jersey." Dr. Cullen read a report on the diseases of the County the past year, and other interesting papers were read. Officers for the ensuing year were chosen, and delegates appointed to the next meeting of the American Medical Association, in Washington.

The Burlington County (*N. J.*) *Medical Society* met on the 14th July at Mount Holly. The subject of the contagiousness of scarlet fever was discussed at considerable length. Dr. Spencer was confident that he took the disease himself from a little girl, while examining her throat, in 1822. Dr. Stratton maintained its non-contagiousness—also Dr. Butler, who thought the idea of contagion in this disease was fast losing its ground in the profession. Other medical subjects were discussed.

Etherization in Paris.—The influence exercised by the French Academy of Medicine is far greater than that possessed by any of our scattered societies for the discussion of medical matters. This gives proportionate interest to those elaborate debates on important and momentous topics which from time to time occupy the attention of the Academy, a whole month being sometimes devoted to the thorough investigation of a single subject. Last week was concluded a long and spirited debate, which had extended over several *seances*, on the important subject of administering anæsthetics, or, as our French neighbors call it, etherization. M. Devergie, whose name is so well known in connection with medical jurisprudence, had some qualms of conscience in regard to the responsibility incurred by medical men in cases of death during the administration of chloroform. These he submitted to the consideration of the Academy. Evidently believing that asphyxia is the general cause of death in such cases, he urged the absolute necessity of employing an apparatus for inhalation which should provide a definite admixture of air with the vapor; and this last question became the most prominent one in the debate. M. Velpeau stated that he had administered chloroform three or four thousand times in ten years without an accident; and M. Huguet mentioned that only one medical man in Paris employed any mechanical contrivance for inhalation. The general opinion of the Academy seemed decidedly opposed to the deductions of M. Devergie as to the general cause of death, the advisability of using an apparatus, the necessity of definitely restricting the dose administered, and the propriety of rendering the medical man responsible in case of accident. The debate was finally closed by the Academy giving its assent to the following resolution, proposed, singularly enough, by M. Devergie himself:—"The Academy declares that, in the present state of science, etherization may be practised with or without apparatus; and that the choice of means should be left to the judgment of the physician or surgeon."—*London Lancet.*

Health of New Orleans.—We have now passed through all the summer months, and it is our blessed privilege to be able to record the uninterrupted health of the city. Up to the present date (Aug. 30th), we have had no yellow fever nor epidemic disease of any kind; and our city has been as healthy as any of the Northern cities to which our citizens flock in thousands "for the benefit of their health." —*N. O. Med. News and Hospital Gaz.*

It is comparatively easy to learn when and how to commence giving medicine, but hard to learn when to leave off—so hard indeed that some men seem never to learn the lesson. There is no course more injurious to the real benefit to be derived from medicine, than the blind and unphilosophical exhibition of remedies *by the clock.* Doses should be repeated, or not, according to the effect produced, and not according to the time which has elapsed.—Prof. M. GUNN, in *Med. Independent.*